

REVIEW ISSUE SUMMARY
(Print or Type Using Black or Blue Ink)

PART 1 - INJURED WORKER INFORMATION	
Injured Worker's Name	WSI Claim Number
*Injured Worker's Contact Telephone Number	Injured Worker's Date of Birth

PART 2 - CONTACT INFORMATION	
The Legislative Council will use this information to provide you with notices of upcoming Workers' Compensation Review Committee meetings and minutes of meetings.	
Mailing Address	E-mail Address

PART 3 - REVIEW ISSUE
<p>The purpose of the committee review of claims is to determine whether changes should be made to the laws relating to workers' compensation. In order to further this purpose, information provided to the committee by the injured worker should be presented in a thorough and clear manner. If you have more than one workers' compensation issue, please address each issue separately. As part of this presentation, we suggest you include:</p> <ol style="list-style-type: none">1. The workers' compensation issue or Workforce Safety and Insurance decision with which you disagree;2. What you think is wrong regarding this issue or decision and why; and3. What you think the correct outcome or decision should be. <p>If you would like a representative of the Workforce Safety and Insurance Office of Independent Review to summarize your records as they relate to the issue you are bringing to the committee, please use the space below to briefly summarize the three main points found in the previous paragraph. If you need additional space, please provide attachments. If you do not provide information to adequately understand your issue or decision, any summary provided to the committee by the Office of Independent Review will likely be very general in nature.</p>

*In the case of a deceased injured worker, please provide information regarding the survivor seeking review.